



Texas Department of Health  
Bureau of HIV and STD Prevention  
Memorandum

**To:** Grantee Agency

**From:** Clinical/Case Management Program  
HIV/STD Clinical Resources Division

**Date:** March 14, 2001

**Subject:** Site Visit Review Standards

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Thank you for cooperating with the HIV/STD Clinical Resources Division (CRD) of the Bureau of HIV and STD Prevention (Bureau) and/or regional staff to accomplish a review of the quality and appropriateness of services delivered by your agency to people with HIV disease. Attached is a copy of the standards upon which the evaluation will be based so that your staff may prepare for this review. Please take a few minutes to familiarize yourself with these and share them with others in the organization.

The standards cover a broad array of administrative, clinical and case management activities and are based upon the Texas Department of Health Generic Standards for Health Care Services. Those criteria which are considered essential to the successful provision of client services are set in **Abold@** typeface. Grantee agencies must be in substantial compliance with these minimum standards in order to remain in good standing with the Bureau. Please note that only those standards which apply to the scope of work performed by your agency will be evaluated. If your agency does not provide a major category of services (i.e., either clinical or case management), the standards in that section will not apply. Each standard will be rated on the degree of compliance achieved by the date of the review. The written report sent after the visit will outline the specific findings for each standard. Any recommendations for improvement and/or required actions will be included. Questions about the meaning or intent of any of the standards may be directed to the CRD staff at (512) 490-2505.

We look forward to assisting your agency to achieve a high level of quality in serving your clients.

Attachment

**HIV/STD Clinical Resources Division Standards for  
Clinical and Case Management Services**

**I. Program Management**

**A. Organizational Chart**

Standards

A standard is a consensus among experts in HIV/AIDS services where the practice or technique is essential to effective and efficient program operation.

- \_\_\_\_\_ 1. There is a written organizational structure that shows lines of accountability.
- \_\_\_\_\_ 2. HIV/AIDS Service is defined within the organizational structure.

**B. Planning**

- \_\_\_\_\_ 1. There is a written plan which identifies specific objectives for the funded program/services during the coming year.
- \_\_\_\_\_ 2. The objectives are measurable and time-phased.

**C. Evaluation**

- \_\_\_\_\_ 1. The agency will have plan for internal review and evaluation.
- \_\_\_\_\_ 2. There is an periodic evaluation of the plan including progress in meeting objectives, revisions and recommendations for the coming year, etc.
- \_\_\_\_\_ 3. A consumer/customer satisfaction survey is available.
- \_\_\_\_\_ 4. There is evidence that customer surveys have resulted in improvements in care and/or services.

**D. Personnel Management**

- \_\_\_ 1. There are written personnel/agency policies.
- \_\_\_ 2. There is a written job description, including minimum qualifications and performance standards, for each position:
  - \_\_\_ a) clinical;
  - \_\_\_ b) case management.
- \_\_\_ 3. There is a procedure for initial verification of certification/licensure credentials for professional staff, and for maintaining verification of current status.
- \_\_\_ 4. There is an established procedure for new staff orientation that includes familiarization with agency goals, policies and service delivery systems.
- \_\_\_ 5. There is a probationary period for new staff.
- \_\_\_ 6. Personnel records are kept confidential.
- \_\_\_ 7. Case management staff is trained in the basic philosophy and techniques of case management.
- \_\_\_ 8. Training in the principles of universal precautions appropriate to the job duties of each staff member has been provided, and staff adheres to these principles.
- \_\_\_ 9. There is documentation of all staff development activities.
- \_\_\_ 10. There is an annual job performance evaluation for each position:
  - \_\_\_ a) clinical
  - \_\_\_ b) case management
- \_\_\_ 11. The clinical performance evaluation is conducted by another qualified clinician.
- \_\_\_ 12. Staff performance evaluations include an educational needs assessment.
- \_\_\_ 13. There is a formal grievance mechanism for staff.

## **II. Community Linkage and Client Outreach**

### **A. Interagency and Community Cooperation**

1. The agency maintains linkages with other agencies and providers appropriate to the population at-risk, such as:

- \_\_\_\_\_ a) schools;
- \_\_\_\_\_ b) other health care agencies/providers;
- \_\_\_\_\_ c) social service agencies;
- \_\_\_\_\_ d) community groups/religious organizations;
- \_\_\_\_\_ e) media;
- \_\_\_\_\_ f) other.

### **B. Client Recruitment and Outreach**

1. The following methods are used for client recruitment:

- \_\_\_\_\_ a) TV, radio spots, local newsletters/papers, and/or posters;
- \_\_\_\_\_ b) written literature (specify).

### **III. Service Delivery Structure**

#### **A. Service Delivery Setting**

- \_\_\_\_\_ 1. Agency exterior signs are clearly visible.
- \_\_\_\_\_ 2. The agency or site where services are delivered is geographically accessible to target population based on community needs assessment:
  - \_\_\_\_\_ a) clinical;
  - \_\_\_\_\_ b) case management.
- \_\_\_\_\_ 3. The client is informed of the routine hours for service delivery and the hours are posted:
  - \_\_\_\_\_ a) clinical;
  - \_\_\_\_\_ b) case management.
- \_\_\_\_\_ 4. There are rooms or areas available for private:
  - \_\_\_\_\_ a) assessment of income;
  - \_\_\_\_\_ b) interviewing/counseling;
  - \_\_\_\_\_ c) performance of client examinations by clinical staff.

#### **B. Client Scheduling**

- \_\_\_\_\_ 1. Service delivery hours are convenient for target populations based upon a satisfaction survey.
- \_\_\_\_\_ 2. The length of time a client must wait for a routine (non-urgent or non-emergency) appointment is less than two weeks.
- \_\_\_\_\_ 3. Information regarding availability of after-hours or emergency care is made available to clients.
- \_\_\_\_\_ 4. There is a system to handle clients on a walk-in basis.
- \_\_\_\_\_ 5. There is an appointment system.

**C. Client Financial Assessment**

- \_\_\_ 1. Income screening is conducted for appropriate service referral/reimbursement.
- \_\_\_ 2. Assessment is confidential.
- \_\_\_ 3. There is evidence that client services are delivered regardless of ability to pay.

**D. Consent and Confidentiality Issues**

- 1. There are written procedures for confidentiality regarding:
  - \_\_\_ a) transportation of client records, including electronic transmission of information;
  - \_\_\_ b) protection and release of medical records;
  - \_\_\_ c) client review of records.
- 2. General, written consent is obtained at intake by appropriate personnel after client states understanding.
  - \_\_\_ a) clinical;
  - \_\_\_ b) case management.
- \_\_\_ 3. When appropriate (HIV testing, etc.), informed consent is obtained.
- \_\_\_ 4. Witness signs consent form.

**E. Client Education**

- 1. Client education is conducted through:
  - \_\_\_ a) group session;
  - \_\_\_ b) audio-visual;
  - \_\_\_ c) written materials;
  - \_\_\_ d) personal interview;
  - \_\_\_ e) other (specify).
- \_\_\_ 2. Educational materials are available in languages appropriate to the population at-risk in the service area.

#### IV. Clinical Services

##### A. Clinical Procedures, Protocols, and Standing Delegation Orders

- \_\_\_ 1. The medical care component is operated under the supervision and responsibility of a physician.
- \_\_\_ 2. There are approved clinical protocols (listing of steps to be taken to perform or deliver a clinical service) for:
  - \_\_\_ a) clinical services;
  - \_\_\_ b) medical emergencies;
  - \_\_\_ c) medical record documentation;
  - \_\_\_ d) routine tests and procedures;
  - \_\_\_ e) infection control measures;
  - \_\_\_ f) notification of client's pharmacy upon death to ensure that medication refills are discontinued, and for appropriate disposal of dangerous and/or controlled drugs;
  - \_\_\_ g) licensure by the State Board of Pharmacy for facilities which store medications.
- \_\_\_ 3. Standing delegation orders (written physician instructions designed for patient population with specific diseases, disorders, health problems or sets of symptoms) are written, dated, and signed by the medical supervisor, registered nurse, licensed vocational nurse or any other staff members who function under these orders.
- \_\_\_ 4. Procedures, protocols and standing delegation orders are current and updated periodically, but no less than annually.
- \_\_\_ 5. There is a written policy for the use of interpreters..
- \_\_\_ 6. Written policies and procedures are in place to describe the how the agency determines, documents and reports instances of suspected sexual child abuse in accordance with Chapter 261 of the Texas Family Code.
- \_\_\_ 7. Written policies and procedures are in place to require documented training of all staff regarding every aspect of suspected sexual child abuse screening and reporting

**B. Clinic Flow**

- \_\_\_ 1. Clinic flow is evaluated at least once per year.
- \_\_\_ 2. The client spends less than two-and-one-half hours in clinic from check-in to exit on an initial visit.
- \_\_\_ 3. The return visit takes less than one hour in clinic from client check-in to exit.

**C. Clinical Provider/Staff Performance Evaluation**

- \_\_\_ 1. Client medical history appropriate for the problem/diagnosis is obtained upon intake and periodically as indicated by condition.
- \_\_\_ 2. Physical examination appropriate for the problem/diagnosis is obtained upon intake and periodically as indicated by condition.
- \_\_\_ 3. Clinical assessment/diagnosis appears appropriate and substantiates the objective and subjective data.
- \_\_\_ 4. Laboratory, x-ray and treatment procedures appear appropriate and clinically indicated.
- \_\_\_ 5. Periodic health maintenance is attempted.
- \_\_\_ 6. Consults and referrals appropriate to the problem/diagnosis are utilized.
- \_\_\_ 7. Written reports/results/recommendations from referral resources, when utilized, are available to the clinical provider.
- \_\_\_ 8. All medications appear appropriate and clinically indicated.
- \_\_\_ 9. Overall treatment plan which is appropriate and consistent with diagnosis is available.
- \_\_\_ 10. Appropriate client education is provided.
- \_\_\_ 11. Notation of medical and surgical problems and chronic medications are listed in the client record.
- \_\_\_ 12. All diagnostic tests and treatments are accomplished as ordered.
- \_\_\_ 13. Lab, x-ray and referral data is available at the return visit.

- \_\_\_\_ 14. Follow-up of abnormal findings, lab or other studies appears adequate, complete and documented.
- \_\_\_\_ 15. Follow-up for chronic problems occurs at appropriate intervals.
- \_\_\_\_ 16. Information on client hospitalizations is sufficient to allow for continuity of care.
- \_\_\_\_ 17. Attempts are made to track clients to prevent "loss to follow-up."
- \_\_\_\_ 18. Lack of client compliance with treatment plan, and staff/client actions to overcome any barriers to service delivery, are noted.

**D. Medical Record System Evaluation**

- \_\_\_\_ 1. There is one record/file per client.
- \_\_\_\_ 2. Client name is on all records.
- \_\_\_\_ 3. HIV diagnosis (copy of client=s lab report or written verification from previous treating physician) is documented in the record.
- \_\_\_\_ 4. Medical record is legible.
- \_\_\_\_ 5. Primary Care Provider is identified.
- \_\_\_\_ 6. Date of client visit or contact is noted.
- \_\_\_\_ 7. Chief complaint/reason for visit is documented.
- \_\_\_\_ 8. Orders written on lab/x-ray reports are transcribed onto the progress notes and/or treatment plan.
- \_\_\_\_ 9. Informed consent is obtained when appropriate (immunization, invasive procedure, etc.).
- \_\_\_\_ 10. All immunizations and medications administered are documented in the medical record.
- \_\_\_\_ 11. Clinical provider acknowledges client failure to keep clinic appointment.
- \_\_\_\_ 12. Clinical provider acknowledges client failure to keep diagnostic procedure appointment.

- \_\_\_\_ 13. Clinician signature or initials (co-sign if PA or APN) are documented on progress notes, lab x-ray, or consults.
- \_\_\_\_ 14. Nurse or technician signature are documented on progress notes, lab, x-ray, or consults.
- \_\_\_\_ 15. A completed checklist for screening for suspected sexual child abuse and reporting, in compliance with Chapter 261 of the Texas Family Code, is evident in medical records when appropriate.

**V. Case Management Services**

**A. Case Management Oversight and Protocols**

- \_\_\_\_\_ 1. At a minimum, a physician (MD or DO), registered nurse (RN), or Masters of Social Work (M.S.W.) is on the Board of Directors and oversees activities of case managers who do not hold professional licensure.
2. There are approved case management protocols (listing of steps to be taken to perform or deliver a service) for:
- \_\_\_\_\_ a) coordinating clinical service delivery;
- \_\_\_\_\_ b) coordinating psychosocial service delivery;
- \_\_\_\_\_ c) medical emergencies;
- \_\_\_\_\_ d) case management record documentation;
- \_\_\_\_\_ e) coordination of routine tests and procedures;
- \_\_\_\_\_ f) infection control measures;
- \_\_\_\_\_ g) notification of client's pharmacy upon death to ensure that medication refills are discontinued, and for appropriate disposal of dangerous and/or controlled drugs;
- \_\_\_\_\_ h) prohibition of medications (dangerous and/or controlled) storage in a non-clinical facility;
- \_\_\_\_\_ i) licensure by the State Board of Pharmacy for facilities which store medications.
- \_\_\_\_\_ 3. Procedures and protocols are current and updated periodically, but no less than annually.
- \_\_\_\_\_ 4. There is a written policy for the use of interpreters.
- \_\_\_\_\_ 5. Written policies and procedures are in place to describe the how the agency determines, documents and reports suspected instances of sexual child abuse in accordance with Chapter 261 of the Texas Family Code.
- \_\_\_\_\_ 6. Written policies and procedures are in place to require documented training of all staff regarding every aspect of suspected sexual child abuse screening and reporting.

**B. Case Management/Referral and Tracking Processes**

1. There are procedures to provide referral and follow-up for clients with:
  - \_\_\_\_\_ a) abnormal medical conditions;
  - \_\_\_\_\_ b) nutritional problems;
  - \_\_\_\_\_ c) psychological/social problems;
  - \_\_\_\_\_ d) financial problems, e.g., Medicaid eligibility.
- \_\_\_\_\_ 2. A current list of primary agencies that provide services by referral is maintained, and updated at least annually.
- \_\_\_\_\_ 3. The referral provider network is sufficient to meet client needs.
- \_\_\_\_\_ 4. A tracking mechanism is utilized to monitor completion of all case management referrals.
- \_\_\_\_\_ 5. Documentation is made of all follow-up tracking activities.

**C. Case Management Staff Performance Evaluation**

1. There is an active process being utilized for the delivery of case management services, which includes:
  - \_\_\_\_\_ a.) intake and screening;
  - \_\_\_\_\_ b.) assessment of client psycho/social needs;
  - \_\_\_\_\_ c.) development of a written care/service plan;
  - \_\_\_\_\_ d.) implementation of the plan;
  - \_\_\_\_\_ e.) monitoring of service delivery;
  - \_\_\_\_\_ f.) reassessment on a periodic basis, and as needs change;
  - \_\_\_\_\_ g.) updating (steps b to f, as needed);
  - \_\_\_\_\_ h.) disposition and termination of case manager/client relationship.

- \_\_\_\_\_ 2. There is evidence that an appropriate case management service plan is in place for each client.
- \_\_\_\_\_ 3. Consults and referrals appropriate to the problem/diagnosis are utilized.
- \_\_\_\_\_ 4. Monitoring for completion of all clinical and/or case management services and referrals is evident.
- \_\_\_\_\_ 5. Monitoring for client compliance with service plan and assistance to overcome barriers to service delivery is evident.
- \_\_\_\_\_ 6. Evidence of appropriate client education is available.
- \_\_\_\_\_ 7. Follow-up for chronic problems occurs at appropriate intervals.
- \_\_\_\_\_ 8. Information on client hospitalization is sufficient to allow for continuity of care.
- \_\_\_\_\_ 9. Attempts are made to track clients to prevent "loss to follow-up".

**D. Case Management Record System Evaluation**

- \_\_\_\_\_ 1. There is one record/file per client.
- \_\_\_\_\_ 2. Client name is on all records.
- \_\_\_\_\_ 3. HIV diagnosis (copy of client's lab report or written verification from physician) is documented in the record.
- \_\_\_\_\_ 4. Case management records are legible.
- \_\_\_\_\_ 5. Date of client visit or contact, reason for visit/contact and any activities performed are noted in the client record.
- \_\_\_\_\_ 6. Case managers/staff sign name on all entries in the client record.
- \_\_\_\_\_ 7. Follow-up tracking on case management activities is documented.
- \_\_\_\_\_ 8. A completed checklist for screening for suspected sexual child abuse and reporting, in compliance with Chapter 261 of the Texas Family Code, is evident in case management records when appropriate.